

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/671,816
Filing Date	SEPTEMBER 25, 2003
First Named Inventor	WONG
Group Art Unit	1615
Examiner Name	ROSENTHAL, C.S.

Attorney Docket Number D-3139CON1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <i>(in duplicate)</i> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication <i>to Group</i> <input type="checkbox"/> Appeal Communication to Board of Appeals <i>and Interferences</i>
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a <i>Provisional Application</i>	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, <i>Revocation</i> <i>Change of Correspondence</i>	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Express Abandonment <i>Request</i>	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure <i>Statement</i>	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority <i>Document(s)</i>	<input type="checkbox"/> CD, Number of <i>CD(s)</i> _____	
<input type="checkbox"/> Response to Missing Parts/ <i>Incomplete Application</i>		
<input type="checkbox"/> Response to Missing <i>Parts under 37 CFR</i> <i>1.52 or 1.53</i>		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm <i>or</i> Individual Name	Frank J. Uxa Registration No. 25,612
Signature	
Date	APRIL 11, 2005

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	JANET McGHEE	
Signature		Date 4/11/2005

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FEE TRANSMITTAL
for FY 2005

Patent fees are subject to annual revision.

Application claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 380)

<i>Complete if Known</i>	
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 01-0885 Deposit Account Name FRANK J. UXA

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) associated with this communication Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-203B.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							<u>Subtotal (1)</u> 0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or , for Reissues, each claim over 20 and more than in the original patent

Each Independent claim over 3 or, for Reissues, each Independent claim more than in the original patent

Multiple Dependent Claims

Total Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
47	-20 or HP = 4	x 50	200

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
6	-3 or HP = 0	x 0	0

HP = highest number of independent claims paid for, if greater than 3

<u>Small Entity Fee (\$)</u>	
50	25
200	100
360	180
<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

Subtotal (2) 200

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 shhts or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
		-100 = /50= (round up to a whole number)	x	=
				<u>Subtotal (3)</u> 0

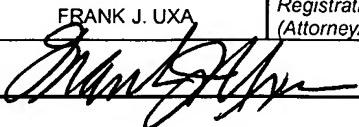
Fee Paid (\$)

4. OTHER FEE(S)

- Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)
- Non-English Specification: \$130 fee (no small entity discount)
- 1-month extension of time: \$120 fee (\$60 small entity discount)
- 2-month extension of time: \$450 fee (\$225 small entity discount)
- 3-month extension of time: \$1020 fee (\$510 small entity discount)
- 4-month extension of time: \$1590 fee (\$795 small entity discount)
- 5-month extension of time: \$2160 fee (\$1080 small entity discount)
- Information Disclosure Statement Fee: \$180 fee (no small entity discount) 180.
- Notice of Appeal: \$500 fee (\$250 small entity discount)
- Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)
- Request for Oral Hearing: \$1000 fee (\$500 small entity discount)
- Utility Issue Fee: \$1400 fee (\$700 small entity discount)
- Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)
- Request for Continued Examination: \$790 fee (\$395 small entity discount)
- Other: _____

Subtotal (4) 180

SUBMITTED BY

Name (Print/Type)	FRANK J. UXA	Registration No. (Attorney/Agent)	25612	Telephone	949-450-1750
Signature			Date	4/11/2005	